

# Brucellosis

## PATIENT DEMOGRAPHICS

Name (last, first): \_\_\_\_\_  
 Address (mailing): \_\_\_\_\_  
 Address (physical): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell) : \_\_\_\_\_  
 Alternate contact:  Parent/Guardian  Spouse  Other  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_  
 Sex:  Male  Female  Unk  
 Ethnicity:  Not Hispanic or Latino  
 Hispanic or Latino  Unk  
 Race:  White  Black/Afr. Amer.  
 (Mark all that apply)  Asian  Am. Ind/AK Native  
 Native HI/Other PI  Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): \_\_\_\_\_  
 Investigation Start Date: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to LHD: \_\_/\_\_/\_\_\_\_  
 Earliest date reported to DIDE: \_\_/\_\_/\_\_\_\_

Entered in WVEDSS?  Yes  No  Unk  
 Case Classification:  
 Confirmed  Probable  Suspect  
 Not a case  Unknown

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source:  Laboratory  Hospital  HCP  Public Health Agency  Other  
 Reporter Name: \_\_\_\_\_ Reporter Phone: \_\_\_\_\_  
 Primary HCP Name: \_\_\_\_\_ Primary HCP Phone: \_\_\_\_\_

## CLINICAL

Onset date: \_\_/\_\_/\_\_\_\_ Diagnosis date: \_\_/\_\_/\_\_\_\_ Recovery date: \_\_/\_\_/\_\_\_\_

### Clinical Findings and Symptoms

- Y N U  
   Fever (Highest measured temperature: \_\_\_\_ °F)  
   Night sweats  
   Arthralgia  
   Headache  
   Fatigue  
   Anorexia  
   Myalgia  
   Weight loss  
   Endocarditis  
   Orchitis  
   Epididymitis  
   Hepatomagaly  
   Splenomegaly  
   Arthritis  
   Meningitis  
   Spondylitis

### Complications

- Y N U  
   Miscarriage or stillbirth

### Hospitalization

- Y N U  
   Patient hospitalized for this illness  
 If yes, hospital name: \_\_\_\_\_  
 Admit date: \_\_/\_\_/\_\_\_\_ Discharge date: \_\_/\_\_/\_\_\_\_

### Death

- Y N U  
   Patient died due to this illness  
 If yes, date of death: \_\_/\_\_/\_\_\_\_

## TREATMENT

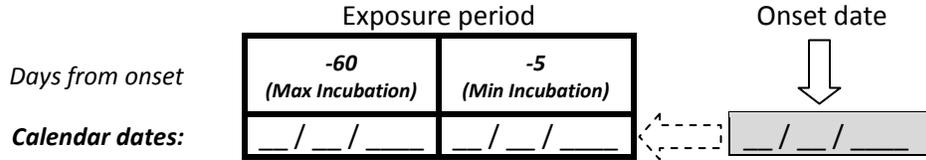
- Y N U  
   Prophylaxis given prior to illness onset  
   Patient received antibiotic therapy due to this infection  
 If yes, specify: \_\_\_\_\_ Duration: \_\_\_\_\_ days

## LABORATORY (Please submit copies of all labs to DIDE)

- Y N U  
   Culture and identification of *Brucella* spp. from clinical specimen  
   Evidence of a four-fold or greater rise in *Brucella* antibody titer between acute- and convalescent-phase serum specimens obtained  $\geq 2$  weeks apart  
   *Brucella* total antibody titer of  $\geq 160$  by standard tube agglutination test (SAT) or *Brucella* microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms  
   Detection of *Brucella* DNA in a clinical specimen by PCR assay

## INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



## EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for Travel

Y N U

Any contact with animal products  
 Source: Cattle/cow/calf Goat Sheep Other: \_\_\_\_\_  
 Type of product: \_\_\_\_\_  
 Type of contact: \_\_\_\_\_  
 Date of most recent contact: \_\_/\_\_/\_\_\_\_  
 Location of most recent contact: \_\_\_\_\_

Consumed unpasteurized dairy products (milk, cheese, etc)  
 Source: Cattle/cow/calf Goat Sheep Other: \_\_\_\_\_  
 Type of product: \_\_\_\_\_  
 Most recent consumption date: \_\_/\_\_/\_\_\_\_  
 Location of where obtained: \_\_\_\_\_

Employed as a veterinarian or animal technician  
   Employed as a laboratory worker  
 If yes, exposures source: Specimen Isolate Other: \_\_\_\_\_  
 If yes, was PEP initiated? Yes No Unknown  
 If yes to PEP, type and duration: \_\_\_\_\_

Y N U

Any contact with animals at home or elsewhere  
 If yes: Cattle/cow/calf Goat Sheep Other: \_\_\_\_\_  
 Type of contact: \_\_\_\_\_  
 Date of most recent contact: \_\_/\_\_/\_\_\_\_  
 Location of most recent contact: \_\_\_\_\_

Travel outside of United States  
   Foreign arrival (e.g. immigrant, adoptee, etc)  
 If yes, country: \_\_\_\_\_  
   Case or household member lives on or works on farm or dairy  
   Employed as an agricultural worker  
   Parenteral or mucous membrane *Brucella* vaccine exposure  
 If yes, type: S19 RB51 Rev1  
 If yes, was PEP initiated? Yes No Unknown  
 If yes to PEP, type and duration: \_\_\_\_\_

Where did exposure most likely occur? County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## PUBLIC HEALTH ISSUES

Y N U

Case donated blood products, organs or tissue in the 30 days prior to symptom onset  
 Date: \_\_/\_\_/\_\_\_\_  
 Agency/location: \_\_\_\_\_  
 Type of donation: \_\_\_\_\_  
   Pregnant (due date: \_\_/\_\_/\_\_\_\_)  
   Case knows someone who had shared exposure and is currently having similar symptoms  
   Epi link to another confirmed case of same condition  
   Case is part of an outbreak  
   Other: \_\_\_\_\_

## PUBLIC HEALTH ACTIONS

Y N U

Notification of blood or tissue bank  
   Disease education and prevention information provided to patient and/or family/guardian  
   Follow up with laboratorians exposed to specimen  
   Notify patient obstetrician  
   Laboratory isolates forwarded to OLS  
   Outreach provided to employer to reduce employee risk  
   Facilitate laboratory testing of other symptomatic persons who have a shared exposure  
   Patient is lost to follow-up  
   Other: \_\_\_\_\_

## WVEDSS

Y N U

Entered into WVEDSS (Entry date: \_\_/\_\_/\_\_\_\_) Case Status:  Confirmed  Probable  Suspect  Not a case  Unknown

## NOTES

